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Meijuan Yuar ** CONTINUING DA This appln cla ** FOREIGN APPLI	ger, New York, NY;	11/20/2002 BX		ITY **				
Foreign Priority claimed yes no 35 USC 119 (a-d) conditions yes no Met after met Verified and Acknowledged Examiner's Signature Initials ADDRESS Lai, Ming				SHEETS DRAWING 3		AL MS	INDEPENDENT CLAIMS 4	
P.O. Box 10845 Pleasanton, CA94588 TITLE								
	tus for obtaining patient-v	erified prescriptior	of high a	order aberr	ations			
RECEIVED No	S: Authority has been given in Paper to charge/credit DEPOSIT ACCOUNT for following:			1.16 1.17 time) 1.18	All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit			